

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578990

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
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23						
24						
25						
26						
27						
28						
29	1					
30						
31						
32	1					
33	1					
34	1					
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1	1		
53			1			
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61			1			
62			1	1		
63				1		
64				1		
65			1			
66			1			
67			1			
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			33			